

## **FY 2006-07 PROPOSED BUDGET FORM INSTRUCTIONS**

This instruction sheet is used to assist direct contract provider staff in completing the proposed budget forms for FY 2006-07 for development of a contract amendment.

Be sure to use the correct form = NTP services – Alcohol/Drug (non-Perinatal)  
NTP services – Perinatal  
Non-NTP services – Alcohol/Drug (non-Perinatal)  
Non-NTP services – Perinatal

Enter the required information in the **shaded areas only**. All other fields will be automatically calculated.

### **PROGRAM INFORMATION**

COUNTY: Enter the County name.

PROVIDER: Enter the Provider name.

MEDI-CAL PROVIDER #: Enter the 4-digit DMC Provider number.

CADDs PROVIDER #: Enter the 6-digit CADDs Provider number.

CONTRACT #: Enter the existing contract number for FY 2006-07.

CONTRACT PERIOD: Enter time period of the contract.

### **CAPACITY AND UNIT OF SERVICE INFORMATION – NARCOTIC TREATMENT PROGRAMS (NTP)**

LICENSED CAPACITY: Enter the provider's Licensed Capacity

DAILY DOSE - METHADONE: Enter the number of estimated methadone daily doses.

DAILY DOSE – LAAM: Enter the number of estimated LAAM doses.

NTP INDIVIDUAL COUNSELING: Enter the number of 10-minute Individual Counseling Sessions.

NTP GROUP COUNSELING: Enter the number of 10-minute Group Counseling Sessions.

### **UNIT OF SERVICE INFORMATION – NON-NARCOTIC TREATMENT PROGRAMS**

OUTPATIENT DRUG FREE (ODF) - INDIVIDUAL COUNSELING: Enter the number of individual counseling sessions.

OUTPATIENT DRUG FREE (ODF) - GROUP COUNSELING: Enter the number of persons (DMC beneficiaries that will attend group counseling sessions)

DAY CARE REHABILITATIVE (DCH): Enter the number of visits.

NALTREXONE (NAL): Enter the number of visits.

PERINATAL RESIDENTIAL (RES): Enter the number of bed days.